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APPLICATION NUMBER FILING OR 371 (c) DATE FIRST NAMED APPLICANT ATTY. DOCKET NO./TITLE

10/718,114

11/20/2003

Joe Don Sartor

2932

50855 UNITED STATES SURGICAL, A DIVISION OF TYCO HEALTHCARE GROUP LLP 150 GLOVER AVENUE NORWALK, CT 06856 \*OC00000016410350\*

Date Mailed: 07/08/2005

## NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 06/20/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

LISA E FULTON 3700 (571) 272-4348

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50855 UNITED STATES SURGICAL, A DIVISION OF TYCO HEALTHCARE GROUP LLP 150 GLOVER AVENUE NORWALK, CT 06856 \*OC00000016410340\*

Date Mailed: 07/08/2005

## NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 06/20/2005.

• The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

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